



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/18/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->	NJD986625077
FACILITY NAME ->	COLLEGE OF ST ELIZABETH
MAILING ADDRESS ->	2 CONVENT RD MORRISTOWN, NJ 07960
INSTALLATION ADDRESS ->	2 CONVENT RD MORRISTOWN, NJ 07960

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: MCCARTHY, WILLIAM
MGR PHYSICAL PL
COLLEGE OF ST ELIZABETH
2 CONVENT RD
MORRISTOWN, NJ 07960

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒ A. First Notification ☐ B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

N J D 9 8 6 6 2 5 0 7 7

II. Name of Installation (Include company and specific site name)

C O L L E G E O F S T E L I Z A B E T H

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

2 C O N V E N T R D

Street (continued)

City or Town

M O R R I S T O W N

State

ZIP Code

N J 0 7 9 6 0 -

County Code

County Name

M O R R I S C O U N T Y

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

2 C O N V E N T R D

City or Town

M O R R I S T O W N

State

ZIP Code

N J 0 7 9 6 0 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

M C A R T H Y

W I L L I A M

Job Title

Phone Number (area code and number)

M O R P H Y S I C A L P L

2 0 1 - 2 9 2 - 6 3 8 1

VI. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

B. Street or P.O. Box

2 C O N V E N T R O A D

City or Town

M O R R I S T O W N

State

ZIP Code

N J 0 7 9 6 0 -

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

C O L L E G E O F S T E L I Z A B E T H

Street, P.O. Box, or Route Number

2 C O N V E N T R O A D

City or Town

M O R R I S T O W N

State

ZIP Code

N J 0 7 9 6 0 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

2 0 1 - 2 9 2 - 6 3 8 1

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

Yes No

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions) ☐ 3. Treater, Storer, Disposer (at installation)
 a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
 Note: A permit is required for this activity; see instructions.
2. Transporter (Indicate Mode in boxes 1-5 below) ☐ 4. Hazardous Waste Fuel
 a. For own waste only
☐ b. Other Marketers
☐ c. Burner - indicate device(s) -
 Mode of Transportation Type of Combustion Device
☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify ☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
☐ a. Generator Marketing to Burner
☐ b. Other Marketer
☐ c. Burner - indicate device(s) -
 Type of Combustion Device
☐ 1. Utility Boiler
☐ 2. Industrial Boiler
☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 D001	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature

Name and Official Title (type or print)

William McCarthy - Manager

Date Signed

1-9-92

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

02/11/2005

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER:	NJD986625077
INSTALLATION NAME:	COLLEGE OF SAINT ELIZABETH
INSTALLATION ADDRESS :	2 CONVENT RD MORRISTOWN, NJ 07960
MAILING ADDRESS :	2 CONVENT RD MORRISTOWN, NJ 07960

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS
Tel : (212) 637-4106
Fax: (212) 637-3056**

**TO: COLLEGE OF SAINT ELIZABETH
or Current Occupant
ATTN: KIM GRANT
2 CONVENT RD
MORRISTOWN, NJ 07960**



2 Convent Road, Morristown, New Jersey 07960-6989

2005 FEB -3 PM 3:24

February 1, 2005

U.S. Environmental Protection Agency
Region 2
290 Broadway
22nd Floor
New York, NY 10007-1866
Attn: Carrie B. Smith

Certified Mail

Carrie B. Smith,

Attached is an RCRA Subtitle C Site Identification Form we have been requested to forward to you by EWMI (Environmental Waste Minimization, Inc.). The EWMI person we are working with is Jim Sherrier (phone 484-275-6931, fax 484-275-6970).

Sincerely,

Jim Gerrish
Assistant to VP for Finance and Administration
College of Saint Elizabeth
973-290-4479

SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 14)	EPA ID Number NJD 986625077		
3. Site Name (page 14)	Name: COLLEGE OF SAINT ELIZABETH		
4. Site Location Information (page 14)	Street Address: 2 CONVENT ROAD City, Town, or Village: MORRISTOWN State: NJ County Name: MORRIS Zip Code: 07960		
5. Site Land Type (page 14)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. 61131 B. 6113 C. D.		
7. Site Mailing Address (page 15)	Street or P. O. Box: 2 CONVENT ROAD City, Town, or Village: MORRISTOWN State: NJ Country: UNITED STATES Zip Code: 07960		
8. Site Contact Person (page 15)	First Name: KEM MI: Last Name: GRANT Phone Number: (973) 270-4000 Extension: Email address: N/A		
9. Operator and Legal Owner of the Site (pages 15 and 16)	A. Name of Site's Operator: College of Saint Elizabeth Date Became Operator (mm/dd/yyyy): 1958 (Building Constructed) Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Legal Owner: Sisters of Charity of Saint Elizabeth Date Became Owner (mm/dd/yyyy): 1958 (Building Constructed) Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: []

OMB#: 2050-0028 Expires 1/31/2006

9. Legal Owner (Continued) Address	Street or P. O. Box: <u>2 Convent Road</u>	
	City, Town, or Village: <u>Morristown</u>	
	State: <u>New Jersey</u>	
	Country: <u>USA</u>	Zip Code: <u>07960</u>

10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 16 to 20.)

A. Hazardous Waste Activities

Complete all parts for 1 through 6.

☒ ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)
of non-acute hazardous waste; or☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ 2. Transporter of Hazardous Waste☐ ☒ 3. Treater, Storer, or Disposer of
Hazardous Waste (at your site) Note:
A hazardous waste permit is required for
this activity.☐ ☒ 4. Recycler of Hazardous Waste (at your
site)☐ ☒ 5. Exempt Boiler and/or Industrial
Furnace

If "Yes", mark each that applies.

☐ a. Small Quantity On-site Burner
Exemption☐ b. Smelting, Melting, and Refining
Furnace Exemption☐ ☒ 6. Underground Injection Control

B. Universal Waste Activities

☐ ☒ 1. Large Quantity Handler of Universal Waste (accumulate
5,000 kg or more) [refer to your State regulations to
determine what is regulated]. Indicate types of universal
waste generated and/or accumulated at your site. If "Yes",
mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

☐ ☒ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities

Mark all boxes that apply.

☐ ☒ 1. Used Oil Transporter
If "Yes", mark each that applies.☐ a. Transporter☐ b. Transfer Facility☐ ☒ 2. Used Oil Processor and/or Re-refiner
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refiner☐ ☒ 3. Off-Specification Used Oil Burner☐ ☒ 4. Used Oil Fuel Marketer

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of
Off-Specification Used Oil to
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the
Used Oil Meets the Specifications

EPA ID NO: [] [] [] [] [] [] [] [] [] []

OMB#: 2050-0028 Expires 1/31/2006

11. Description of Hazardous Wastes (See instructions on page 20.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

SEE ATTACHED SHEET

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

NONE

12. Comments (See instructions on page 20.)

INITIAL CLEANOUT OF LAB CHEMICALS THAT ARE NO LONGER BEING USED OR BEYOND SHELF LIFE

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.)

Signature of operator, owner, or an authorized representative

Name and Official Title (type or print)

Date Signed (mm/dd/yyyy)

* Kimberley Grant

Kimberley Grant, Professor of Chemistry

1/26/05

EPA Hazard Codes for St. Elizabeth College

D001	D002	D003	D004	D005	D006
D007	D008	D009	D010	D011	D018
D019	D022	D023	D025	D028	D034
D036	D040	U007	U021	P028	P018
P024	U052	U061	U122	U125	U131
U165	U162	U147	U167	U169	U170
U182	U188	P092	U201	U218	U219
U234	U134	U001	U003	U019	P022
U037	U070	U108	U077	U404	U012
P119	P010	P012	P098	P106	P115
F002	F003	F005			

RCRA Site Detail

Report run on: February 10, 2005 - 11:13 AM

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NJD986625077 COLLEGE OF ST ELIZABETH

EPA Region 02 Extract Flag: X Facility Identifier: County: MORRIS

Basic Notes: EXTRACT_FLAG UPDATED OCT 2003 VIA SQL

Universes	Full Enforcement: ----	Subj CA:	Perm Prgrs: ----	Op Pmt GPRA:
Generator: N	Operating TSDF: ----	Subj CA TSD 3004:	Perm Wrkld: ----	PClos GPRA:
Transporter:	BOYSNC:	Subj CA TSD Discr:	Clos Wrkld: ----	CA GPRA:
	SNC:	Subj CA Non-TSD:	Pclos Wrkld: ----	CA HE EI:
	Annual BOY Enf:	CA Wrkld:	Controls in Place: No	CA GW EI:

Activity Location: NJ	Source Type: Implementer	Seq. Number: 1	Receive Date: 08 JUL 1999
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Other/Previous Site Name: COLLEGE OF ST ELIZABETH

Location 2 CONVENT RD	Mailing 2 CONVENT RD
Address: MORRISTOWN, NJ 07960-6923	Address: MORRISTOWN, NJ 07960

Land Type: Bad code -	Non Notifier: No	Commercial Availability: Other - U	Tsd Date:
Accessibility:	No. Employees:	State District: NORTHERN	

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Not a Generator; State: HQ-N Not a Generator

Transfer Facility: Unknown	Used Oil Activities
Other Hazardous Waste Generator Activities	Used Oil Transporter Activity
Importer Activity: Unknown	Transporter: No
Mixed Waste Generator: Unknown	Transfer Facility: No
Transporter Activity: No	Used Oil Processor and/or Re-refiner Activity
TSD Activity: No	Processor: No
Recycler Activity: No	Refiner: No
Exempt Boiler and/or Industrial Furnace	Underground Injection Control: No
Small Quantity Onsite Burner Exemption: Unknown	Destination Facility for Universal Waste:
Smelting, melting, Refining Furnace Exemption: Unknown	

Activity Location: NJ	Source Type: Notification	Seq. Number: 1	Receive Date: 03 FEB 1992
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Other/Previous Site Name: COLLEGE OF ST ELIZABETH

Location 2 CONVENT RD	Mailing 2 CONVENT RD
Address: MORRISTOWN, NJ 07960-6923	Address: MORRISTOWN, NJ 07960

Contact Person WILLIAM MCCARTHY	2 CONVENT RD
For Source Information (973) 292-6381	MORRISTOWN, NJ 07960

Owner (current) COLLEGE OF ST ELIZABETH	2 CONVENT RD	Type: Private
From: To:	MORRISTOWN, NJ 07960	Phone: (973) 292-6381

Land Type: Bad code -	Non Notifier: No	Commercial Availability: Other - U	Tsd Date:
Accessibility:	No. Employees:	State District: NORTHERN	

Notes: Update 10/03 to ensure Leg_Dist is associated with correct Counties

RCRA Site Detail

Report run on: February 10, 2005 - 11:13 AM

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NJD986625077 COLLEGE OF ST ELIZABETH

Continued...

Regulated Waste Activities

Hazardous Waste Generator Status - Federal: Small Quantity Generator; State:

Transfer Facility: Unknown

Used Oil Activities

Other Hazardous Waste Generator Activities

Importer Activity: Unknown
Mixed Waste Generator: Unknown

Used Oil Transporter Activity

Transporter: No
Transfer Facility: No

Off-Specification Used Oil Burner:

No

Transporter Activity: No

TSD Activity: No

Recycler Activity: No

Used Oil Processor and/or Re-refiner Activity

Processor: No
Refiner: No

Used Oil Fuel Marketer Activity

Marketer who directs shipment
off-specification used oil to
off-specification used oil burner:

No

Marketer who first claims the used
oil meets the specifications:

No

Exempt Boiler and/or Industrial Furnace

Small Quantity Onsite Burner Exemption: Unknown
Smelting, melting, Refining Furnace
Exemption: Unknown

Underground
Injection Control: No

Destination Facility for
Universal Waste:

Description of Hazardous Wastes (as reported on Site Identification Form)

EPA Waste Codes: D001

* End of Report *